Complete Summary

TITLE

Adult body mass index (BMI) assessment: percentage of members 18 to 74 years of age who had an outpatient visit and who had their BMI documented during the measurement year or the year prior to the measurement year.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 417 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of members 18 to 74 years of age who had an outpatient visit and who had their body mass index (BMI) documented during the measurement year or the year prior to the measurement year.

Note from the National Quality Measures Clearinghouse (NQMC): For this measure, thereÂ are both Administrative and Hybrid Specifications. This NQMC measure summary is based on the Administrative specification. Refer to the original measure documentation for details pertaining to the Hybrid specification.

RATIONALE

Obesity is the second leading cause of preventable death in the United States. It is a complex, multifaceted, chronic disease that is affected by environmental, genetic, physiological, metabolic, behavioral and psychological components. Approximately 127 million American adults are overweight, 60 million are obese and 9 million are severely obese. Obesity affects every ethnicity, socioeconomic class and geographic region in the U.S. This disease has been growing by epidemic proportions with the prevalence increasing by approximately 50 percent per decade. Obesity's impact on individual overall health has drastically increased as well. It increases both morbidity and mortality rates and the risk of conditions such as diabetes, coronary heart disease (CHD) and cancer. It has a substantial negative effect on longevity, reducing the length of life of people who are severely obese by an estimated 5-20 years. Overweight and obesity are also contributing causes to more than 50 percent of all-cause mortality among American adults aged 20 to 74, which results in a significant economic impact - approximately $99.2 billion is spent annually on obesity-related medical care and disability in the United States.

It is estimated that the aggregate cost of obesity ranges from 5 percent - 7 percent of the total of annual medical expenditures in the U.S. ($75 billion per year). In 1994 the estimated cost of obesity to U.S. business was $12.7 billion ($10.1 billion due to moderate or severe obesity; $2.6 billion due to mild obesity). Obesity-attributable business expenditures include paid sick leave, life insurance and health insurance, totaling $2.4 billion, $1.8 billion and $800 million, respectively. Not only is the prevalence of obesity increasing, but the relative per capita spending among obese Americans is also increasing. That increase accounted for 27 percent of the growth in real per capita spending between 1987 and 2001. Within that period, the prevalence of obesity increased by 10.3 percentage points, to almost 24 percent of the adult population. The rise in obesity is directly correlated to drastic increases in three major conditions: diabetes, hyperlipidemia and heart disease. The increase in per capita spending is caused by the increase in obesity prevalence and the increase in spending on the obese, relative to those of normal weight.

Guidelines from various organizations, including the Institute for Clinical Systems Improvement (ICSI); the U.S. Preventive Services Task Force (USPSTF); the National Heart, Lung and Blood Institute (NHLBI); and the Michigan Quality Improvement Consortium, indicate that the first step in weight management is assessment of height and weight in order to calculate a patient's body mass index (BMI).

BMI is considered the most efficient and effective method for assessing excess body fat; it is a starting point for assessing the relationship between weight and height; and it is the most conducive method of assessment in the primary care setting.

PRIMARY CLINICAL COMPONENT

Body mass index (BMI)

DENOMINATOR DESCRIPTION

Enrolled members age 18 years as of January 1 of the year prior to the measurement year to 74 years as of December 31 of the measurement year who had an outpatient visit during the measurement year of the year prior to the measurement year (see the "Description of Case Finding" and the "Denominator Inclusions/Exclusions" fields in the Complete Summary)

NUMERATOR DESCRIPTION

Body mass index (BMI) during the measurement year or year prior to the measurement year. Refer to Table ABA-B in the original measure documentation for codes to identify BMI.

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured
Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

National Committee for Quality Assurance (NCQA). The state of health care quality 2009. Washington (DC): National Committee for Quality Assurance (NCQA); 2009. 127 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Decision-making by businesses about health-plan purchasing
Decision-making by consumers about health plan/provider choice
External oversight/Medicaid
External oversight/Medicare

External oversight/State government program
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Ages 18 to 74 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

See the "Rationale" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See the "Rationale" field.

UTILIZATION

Unspecified

COSTS

See the "Rationale" field.

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Health plan members 18 years of age as of January 1 of the year prior to the measurement to 74 years of age as of December 31 of the measurement year who were continuously enrolled during the measurement year and the year prior to the measurement year with no more than one gap in enrollment of up to 45 days during each year of continuous enrollment (commercial, Medicare), or no more than a one-month gap in coverage during each year of continuous enrollment (Medicaid)

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
Enrolled members age 18 years as of January 1 of the year prior to the measurement year to 74 years as of December 31 of the measurement year who had an outpatient visit during the measurement year of the year prior to the measurement year. Refer to Table ABA-A in the original measure documentation for codes to identify outpatient visits.

Exclusions
Exclude members who have a diagnosis of pregnancy during the measurement year or year prior to the measurement year. Refer to Table ABA-C in the original measure documentation for codes to identify exclusions.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Encounter

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Body mass index (BMI) during the measurement year or year prior to the measurement year. Refer to Table ABA-B in the original measure documentation for codes to identify BMI.

Exclusions
Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that separate rates be reported for commercial, Medicare, and Medicaid product lines.

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Adult BMI assessment (ABA).

MEASURE COLLECTION

HEDIS® 2010: Health Plan Employer Data and Information Set

MEASURE SET NAME

Effectiveness of Care

MEASURE SUBSET NAME

Prevention and Screening

DEVELOPER

National Committee for Quality Assurance

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2008 Jul

REVISION DATE

2009 Jul

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 417 p.

MEASURE AVAILABILITY

The individual measure, "Adult BMI Assessment (ABA)," is published in "HEDIS® 2010. Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

COMPANION DOCUMENTS

The following is available:

- National Committee for Quality Assurance (NCQA). The state of health care quality 2009. Washington (DC): National Committee for Quality Assurance (NCQA); 2009. 127 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on March 6, 2009. The information was verified by the measure developer on May 29, 2009. This NQMC summary was updated by ECRI Institute on January 15, 2010.

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